

EXHIBIT B

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

PURDUE PHARMA L.P., *et al.*,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

General Opioid Claimant Proof of Claim Form

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for any person or entity, other than a governmental unit or Native American Tribe, to assert a general unsecured claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids, excluding claims for personal injury.

Do not use this form to assert a claim against the Debtors seeking damages based on personal injury related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages. File such claims on a Personal Injury Claimant Proof of Claim Form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a), and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410). However, if You have a claim against the Debtors based on non-opioid-related injuries or harm, in addition to Your claim based on or involving the Debtors' production, marketing and sale of Purdue Opioids, You may include information related to that claim on the General Opioid Claimant Proof of Claim Form by completing Part 4 of this form.

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Instructions and Definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. Creditor shall supplement its responses if it learns that they are incomplete or incorrect in any material respect.

You must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the individual or entity to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.
Other names the creditor used with the debtor, including maiden, d/b/a/, or other names used:

2. Describe the creditor making the claim.

- ☐ Individual ☐ Retirement or Pension Fund Administrator
☐ Hospital ☐ Pharmacy Benefit Manager
☐ Third Party Payor ☒ Other (describe): Guardians of NAS Children - Class

3. Has this claim been acquired from someone else or some other entity?

- ☒ No
☐ Yes. From whom? _____

4. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Scott R. Bickford
338 Lafayette Street
New Orleans, LA 70130

Where should payments to the creditor be sent? (if different)

Contact phone 504-581-9065

Contact email srb@mbfirm.com

Contact phone _____

Contact email _____

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5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ <small>MM / DD / YYYY</small>
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Attorney Information (Optional)

7. Are you represented by an attorney in this matter?	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. If yes, please provide the following information:	<div style="display: flex; align-items: flex-start;"><div style="width: 20%; font-size: small; padding-right: 10px;">You do not need an attorney to file this form.</div><div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Martzell, Bickford & Centola</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Law Firm Name</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Scott R. Bickford</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Attorney Name</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">338 Lafayette Street</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address</div><div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">New Orleans</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">LA</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">70130</div></div><div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">City</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">State</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">ZIP Code</div></div><div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contact phone 504-581-9065</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Contact email srb@mbfirm.com</div></div></div></div>
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Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim

8. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
9. How much is the claim?	\$ 28,648,012,688.00 or <input type="checkbox"/> Unknown.
10. When do You allege You were first injured as a result of the Debtors' alleged conduct?	05 / 2001 <div style="display: flex; justify-content: space-around; font-size: small;">MonthYear</div>
11. Describe the conduct of the Debtors You allege resulted in injury or damages to You.	See attached statement. Attach additional sheets if necessary.

12. Describe all alleged causes of action, sources of damages, legal theories of recovery, etc. that You are asserting against the Debtors.

Attach additional sheets if necessary.

Claimants have brought claims against the debtors and their co-conspirators under Federal Rico statute, State Rico statute, state statutes proscribing unfair trade acts in commerce, and the state common law of nuisance, negligence, fraud and deceit and unjust enrichment. A copy of claimants' pleadings are filed into the record of the Bankruptcy Court.

13. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek (for example, actual damages, compensatory damages, punitive damages, and/or penalty damages).

Please attach all supporting documentation including, but not limited to, any records supporting Your claims of damages, if You would like (but You are not required), to supplement this proof of claim. Do not include medical records.

Claimants seek to recover the costs of abating the conditions of nuisance on the population of NAS children caused by the conduct of debtors and their co-conspirators, including, but not limited to, the cost of medical surveillance, monitoring, data collection and education.

14. Have you ever filed a lawsuit against any of the Debtors at any time?

☐ No

☒ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption:

See attached

Court and Case/Docket Number:

See attached

Attorney Information:

Martzell, Bickford & Centola

Law Firm Name

Scott R. Bickford

Attorney Name

338 Lafayette Street

Address

New Orleans,

LA

70130

City

State

ZIP Code

Contact phone 504-581-9065

Contact email srb@mbfirm.com

Part 4: Non-Opioid-Related Claims

15. Do You believe You have any claims against the Debtors based on non-opioid-related claims or harm?

☒ No.

☐ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

16. How much is the claim?

\$ _____ or

☐ Unknown.

Part 5: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/09/2020 (mm/dd/yyyy)

Signature

Print the name of the person who is completing and signing this claim:

Name Scott R. Bickford
First name Middle name Last name

Title _____

Company

Martzell, Bickford & Centola

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

338 Lafayette Street

Number Street

New Orleans,

City

LA

State

70130

ZIP Code